

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10590311

FILING DATE

16 NOV 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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5		4		/		
6		4		/		
7		4		/		
8		4		/		
9		4		/		
10		4		/		
11		1		/		
12		10		/		
13		10		/		
14		10		/		
15		10		/		
16		10		/		
17		10		/		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	41	←	21	←		←
TOTAL CLAIMS	45		25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						